

Confidential Data Reporting Security Agreement

This Data Reporting Security Agreement ("Agreement") is made as of _____, 200__, between the Division of Health Care Finance and Policy ("DHCFP") and

Data Reporter Name (please print) Type of Entity ("Data Reporter").

This Agreement describes the terms and conditions by which the Data Reporter will submit data through the DHCFP's website.

SECTION 1: DEFINITIONS

In this Agreement, the following terms have the following meanings:

Data Reporter. Entities required by regulation to report information to the DHCFP.

DHCFP-INET. The DHCFP Internet website that collects information from Data Reporters and allows Users to download reports related to the information submitted.

Patient-Level Data. Data required to be submitted to the DHCFP by regulation that includes patient-level data elements that either solely or in combination with other data elements jeopardize patient privacy and that are protected from disclosure by M.G.L. c. 66A, the Fair Information Practices Act. Patient-level data includes, but is not limited to, data contained in inpatient case mix and charge data, emergency department data, outpatient observation data, and free care application and claims data.

SENDS. The Secure Encryption aNd Decryption Software application provided by DHCFP to the Data Reporter to encrypt files and decrypt reports.

User. A person authorized by the Data Reporter to submit data to DHCFP through *DHCFP-INET* that has executed an *DHCFP-INET* User Agreement and to which the DHCFP has granted access to *DHCFP-INET*. A User may be a Data Reporter employee or contractor, or an employee of a Data Reporter contractor or intermediary.

User Agreement. The Agreement executed by a User and submitted to the DHCFP that contains, at a minimum, the provisions in the sample User Agreement attached as Attachment A.

SECTION 2: RESPONSIBILITIES OF THE PARTIES

The parties agree as follows:

The Data Reporter will use *DHCFP-INET* to submit data to the DHCFP. The Data Reporter will require each User to execute a User Agreement and will send a copy of the executed User Agreement to the DHCFP. The Data Reporter will retain the original User Agreement.

The Data Reporter will authorize access to at least two Users. The Data Reporter will authorize access only to persons that need to submit required data. The Data Reporter will institute appropriate password controls for each User and will ensure that each User accesses *DHCFP-INET* using only his or her own user ID and password and will not share this information with any other person. The Data Reporter will immediately notify DHCFP when a User is no longer authorized to access *DHCFP-INET* due to resignation, termination, or breach of a term of this Agreement or the User Agreement.

The DHCFP will give access to *DHCFP-INET* to each User with an acceptable executed User Agreement. Data Reporter must encrypt data containing patient-level data using SENDS before submitting such data.

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Data Reporter agrees that when submitting information to *DHCFP-INET* using SENDS, it will use a browser that supports 128 bit or higher encryption.

Data Reporter shall institute appropriate password controls for each User and shall regularly run anti-virus software to prevent the input or uploading of any viruses or other disabling or malicious code capable of disrupting or disabling computer hardware or software.

The Data Reporter will retain a copy of any data submitted via *DHCFP-INET* sufficient to enable it to resubmit if the original submission is lost or destroyed before it is processed by the DHCFP.

The Data Reporter is solely responsible for the preservation, privacy, and security of data in its possession, including data in transmissions received from the DHCFP. Use of an intermediary shall not relieve the Data Reporter of any risks or obligations assumed by it under this Agreement, or under applicable law and regulations. The Data Reporter agrees:

- (a) not to copy, disclose, publish, distribute or alter any data, data transmission, or the control structure applied to transmissions, or use them for any purpose other than the purpose for which the Data Reporter was specifically given access and authorization by the DHCFP.
- (b) not to obtain access to any data, transmission, or the DHCFP's systems by any means or for any purpose other than as the Division has expressly authorized the Data Reporter; and
- (c) if the Data Reporter receives data not intended for receipt by the Data Reporter, the Data Reporter will immediately notify the DHCFP to arrange for its return or resubmission as the DHCFP directs. After such return or resubmission, the Data Reporter will immediately delete all copies of such data remaining in its possession.

Each party will take reasonable steps to ensure that the information submitted in each electronic transmission is timely, complete, accurate and secure, and will take reasonable precautions to prevent unauthorized access to (a) its own and the other party's transmission and processing systems, (b) the transmissions themselves, and (c) the control structure applied to transmissions between them.

Each party agrees to notify the other party immediately if an employee or agent, including any User, has breached the Agreement or any provision of this Agreement. Such notification will include the identity of such individuals and the nature of the breach. The DHCFP shall have the right, at its own expense and after reasonable notice, to conduct an audit of Data Reporter during normal working hours to determine if Data Reporter is in compliance with the terms of this Agreement. The DHCFP may terminate this Agreement, and the Data Reporter's access to *DHCFP-INET*, at any time if it determines that the Data Reporter is not in compliance with the terms of this Agreement.

Each party is responsible for all costs, charges, or fees it may incur by transmitting electronic transmissions to, or receiving electronic transmissions from, the other party. Each party will provide and maintain at its own expense the personnel, equipment, software, training, services and testing necessary to implement the requirements of this Agreement. Each party shall regularly run anti-virus software to prevent the input or uploading of any viruses or other code capable of disrupting or disabling computer hardware or software.

This Agreement will expire when the Data Reporter no longer submits to or receives data from *DHCFP-INET*, or upon termination by the DHCFP. Termination of this Agreement will not relieve the Data Reporter of its obligations under this Agreement with respect to DHCFP data received by the Data Reporter before the effective date of the termination.

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The signer of this agreement must be legally authorized to sign on behalf of the Data Reporter's company. Preferably, the signer should be the Data Reporter's Chief Operating Officer or Chief Financial Officer.

Data Reporter Authorized Signature

Printed Name of Signer

Title of Signer

Telephone Number

E-mail Address

Address

City, Zip Code

THE DIVISION OF HEALTH CARE FINANCE AND POLICY

By: _____

Michael Berolini

Chief Administrative Officer

Date: _____

Attachment A

USER AGREEMENT

As an employee of _____ OR
as an employee of a contractor of _____, I will be allowed to access *DHCFP-
INET*, the data reporting system provided to _____ by the Division of Health Care Finance
and Policy.

I promise that I will not disclose my *DHCFP-INET* user ID and password to any other person.

I promise that I will not attempt to access or look at *DHCFP-INET* data other than what is required to perform my job.

I promise that I will use any data I receive from *DHCFP-INET* only as permitted and only in furtherance of my job.

I promise that I will not share any data I receive from *DHCFP-INET* with others unless doing so is necessary to do my job.

I promise that I will discuss data I receive from *DHCFP-INET* with others only as required to perform my job and will
conduct such conversations only in non-public areas where I am unlikely to be overheard.

I promise I will not disclose any data that I receive from *DHCFP-INET* to any third party unless I have specific written
permission from my supervisor or the legal order of a court.

I understand that the Division of Health Care Finance and Policy retains ownership of all data that resides in *DHCFP-
INET*.

I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to
and use of *DHCFP-INET*.

Print User Name: _____

E-mail Address: _____

User Signature: _____

User Phone: _____

Provider Organization: _____

Date: _____

City or Town Born in: _____

Pass Phrase : _____

Answer: _____

(Please see Attachment B for list of Pass Phrases)

*Note: Email address will be used to send User ID and Password.

USER AGREEMENT (continued)

Check the type of access for this User Agreement		
Check One	User Profile	Functions
<input type="checkbox"/>	Institution's INET Manager	Ability to: submit information and download edit reports, <i>DHCFP-INET</i> Administration (create and maintain user accounts online or via paper forms)
<input type="checkbox"/>	Institution's Individual INET User	Ability to: submit information and download reports

Only check the submissions that **this user** will be submitting or have access to under this Agreement.

HOSPITAL SUBMISSIONS

- | | | |
|---|---|--|
| <input type="checkbox"/> Uncompensated Care Pool Applications | <input type="checkbox"/> Uncompensated Care Pool Claims | <input type="checkbox"/> Emergency Department Data |
| <input type="checkbox"/> Quarterly Hospital Financial Report | <input type="checkbox"/> Quarterly Hospital Beds Report | <input type="checkbox"/> Annual Hospital 403 Cost Report |
| <input type="checkbox"/> Hospital Inpatient Data (Casemix) | <input type="checkbox"/> Outpatient Observation Data | |

CHC SUBMISSIONS

- | | | |
|---|---|---|
| <input type="checkbox"/> Uncompensated Care Pool Applications | <input type="checkbox"/> Uncompensated Care Pool Claims | <input type="checkbox"/> Annual Cost Report |
|---|---|---|

NURSING FACILITY SUBMISSIONS

- | | | |
|---|--|---|
| <input type="checkbox"/> Quarterly Nursing Home User Fee Report | <input type="checkbox"/> Annual Nursing Facility Cost Report | <input type="checkbox"/> CNA/Direct Care Add-On Worksheet |
|---|--|---|

PHARMACY SUBMISSIONS

- ☐ Quarterly Pharmacy Assessment Report

Name of Data Reporter (if User contracts with Data Reporter): _____

Attachment B

Security Pass Phrases

Pass phrases are used by the DHCFP helpdesk to ensure they are speaking with the correct person. When User's call for assistance and require using confidential information or sensitive issues, we will use this as one of the means to confirm the identity of the caller. Below is a list of the more frequently used questions.

Favorite singer?

Favorite vacation location?

Favorite sports team?

Favorite hobby?

Favorite pet's name?

Favorite teacher's name?

Anniversary date?

Father's middle name?

First child's middle name?

Make, model and year of your first car